

Department of Health and Human Services (DHHS)
Office of Adult Mental Health Services (OAMHS)
Unmet Resource Needs Cover Document
October 2011

Attached Report:

Statewide Report of Unmet Resource Needs for Fiscal Year 2011 Quarter 4 (April, May, June 2011)

Population Covered:

- Persons receiving Community Integration (CI), Community Rehabilitation (CRS) and Assertive Community Treatment (ACT) services
- Class and non-class members

Data Sources:

Enrollment data and RDS (resource data summary) data collected by APS Healthcare, with data fed into and reported from the DHHS EIS data system

Unmet Resource Need Definition

Unmet resource needs are defined by 'Table 1. Response Times and Unmet Resource Needs' found on page 17 of the approved DHHS/OAMHS Adult Mental Health Services Plan of October 13, 2006. Unmet resource needs noted in the tables were found to be 'unmet' at some point within the quarter and may have been met at the time of the report.

Data Issues

OAMHS staff continues to work with providers and APS Healthcare to assure that accurate data is entered and reported in a timely fashion. This includes:

- monthly QA reports for providers
- offering and providing one-on-one training and other training as needed.
- addressing data issues through communication between APS Healthcare and EIS/OAMHS staffs on an as needed basis

Other Unmet Need Reporting

Riverview Psychiatric Center (RPC) and Dorothea Dix Psychiatric Center (DDPC)

- RPC: no unmet resource needs for the quarter
- DDPC:
 - 2 unmet resource needs: Residential Treatment

Paragraph 74 Reporting (class members not in service): The paragraph 74 reporting system identified 0 unmet resource needs for this quarter. This was the quarter when responsibility for paragraph 74 transitioned from the Consent Decree Coordinators (CDCs) to the Intensive Case Management (ICM) program, with the daily 'duty person' in each region assigned to take calls from

consumers and record, and follow-up on, paragraph 74 data as applicable for class members. This process experienced some difficulties and all ICMs were retrained in the process in July.

Contact for Service Notification Data/APS Healthcare

Contact for Service Notifications (CFSNs) are submitted to APS Healthcare by agencies when a request for community integration (CI), assertive community treatment (ACT) or daily living support services (DLSS) is made and the agency cannot meet the request at the time. Agencies are instructed to close contacts if the individual is removed from the agency's waiting list without receiving service due to withdrawal of request, inability to locate the client, the client not being eligible, etc.

APS Healthcare developed wait list reports for CI, DLSS and ACT. These public reports are available on the APS Healthcare website (www.qualitycareforme.com). These reports are available in current time (updated daily) and can be sorted by CSN, and within CSNs by provider. The spreadsheets include, by agency, # waiting, average time waiting, longest time waiting and the # of individuals who need grant funding or have MaineCare. APS Healthcare also has detailed versions of all reports available to agencies and OAMHS with client names and provider detail.

APS Healthcare produces a quarterly, aggregate report for OAMHS that is sorted by service (CI, ACT, DLSS), wait time, CSN, payer source (MaineCare, non-MaineCare), and class member status.

As of 9/30/11:

- 159 persons were waiting for CI Services, down from last quarter's 212
 - 10 class members and 149 non-class members
 - 115 individuals with MaineCare and 44 needing to access grant funds
 - The number of individuals waiting for grant funds decreased from 72 to 44 individuals while the number waiting with MaineCare increased from 140 to 115 individuals.
 - There were individuals waiting in all CSNs with the greatest numbers in CSN 6 (51), and CSN 7 (37), approximately 55% of all individuals waiting statewide.
 - CSNs 1, 2 and 5 had 1 person each waiting for grant funding, with CSN 7 having the most individuals waiting for grant funding at 12.
- 14 persons were waiting for ACT Services, up from last quarter's 6
 - 7 class members and 7 non-class members were waiting
 - 7 with MaineCare and 7 needing to access grant funds
 - No individuals were reported waiting in CSNs 1 and 4
- 40 persons were waiting for DLSS Services, an increase from 20 persons waiting at the end of the last quarter
 - 6 class member and 34 non-class members
 - 26 with MaineCare and 14 needing to access grant funds
 - As in the previous 4 quarters, no individuals were reported waiting in CSNs 1 and 7

In recent months, OAMHS' Field Service Specialists have been contacting providers to address the individuals (by name) on the above waitlist reports. For persons on the grant funded lists, OAMHS has found that the issue is the lack of fiscal resources to provide additional service. For the MaineCare waitlist, there have been provider errors in not taking people off the waitlist for a variety of reasons, with some providers indicating that a person would rather wait than be referred to

another agency. Starting in mid July, waitlist reports are received weekly by field office staff for follow-up. The Office asks for the status of each individual person on the waitlist. Additionally, in the next quarter, OAMHS is targeting the grant waitlists with the increased funding provided by the Legislature.

'Other' Resource Need Categories

When an 'other' category is used within the RDS (available within each major need category and as a stand alone category), a brief narrative specifying the need is required. The 'other' report for the 4th quarter (agency, need category, client number, need narratives, the length of time that the need had been identified) continues to show that a large proportion of 'other needs' are goals, client descriptions, needs (not resource needs), needs listed as 'none' or 'other' and resource needs that fit within an existing category (for example, BRAP and Shelter + Care).

It has become apparent to OAMHS that most of the data sent in for the 'Other' categories is data that should have been entered into one of the specified categories. OAMHS determined that the instructions on how to complete an RDS may be unclear and will be updating the instructions. A notice will be sent to providers that there has been some information added to the RDS instructions within APS Healthcare's CareConnections with follow up to agencies by Quality Management Field Specialists.

Some consistent unmet resource needs reported (though in small numbers) within 'other' unmet resource need categories continue to be:

- Specialized Support Groups: gender issues, grief, trauma survivors, eating disorders, cancer survivors, parenting, health issues, domestic abuse survivors, peer support, etc.
- Lower rent/income, affordable, safe housing
- Money for home repairs and weatherization
- Specialty medical care (neurology and diabetes for examples), dental care/dentures, hearing aids, nutritional needs
- Legal assistance for obtaining SSI/SSDI benefits, for family/custody issues (divorce, child custody, child visitation)
- Benefits: SSI and SSDI
- Budgeting/money management
- Volunteer work or employment
- Homemaker services/help with housework
- Car repair, 'reliable' vehicle
- Transportation to other than medical appointments, shopping, etc.

These are consistent with prior quarters' reporting.

The 'other' report is shared with each agency to assist them in 'cleaning' their 'other' category data.

- When reports are forwarded to agencies, they are instructed to contact our data specialists for a discussion of their reports and training on resource needs
- Unmet 'other' needs without a narrative describing the need are deleted from EIS.
- Reports will be run quarterly until OAMHS is comfortable that the category is providing accurate data as to resource needs.
- Data specialists remain available to providers to assist in training and answering questions regarding RDS data.

Data in the 'other' categories has not shown an appreciable improvement, even with OAMHS regularly providing agencies with reviews, trainings, and person-specific reports. While the data are helpful in describing the range of needs affecting the lives of the people served, narrative reporting is difficult to quantify. These 'other' resource needs are not helpful in describing needs that OAMHS can control or address. OAMHS determined that deleting the 'other' category in specific domain areas (mental health services, crisis planning, peer recovery and support, etc.) and continuing with only one 'other resources' category will assure more focused answers in the various domains, and still offer an avenue for reporting resource concerns that are affecting the lives of people served. With the assistance of APS Healthcare, this was implemented as of September 18, 2011. OAMHS informed providers of this change on September 15, 2011 via a memo that included guidance regarding how to use the remaining 'other resource' category. Reporting in the future will address only this stand alone 'other' category.

RDS Data/Unmet Resource Needs for Community Integration (CI)

The 4th quarter's report continues to show unmet resource needs for CI (350 unmet resource needs, up from 314 last quarter). This continues to be a training issue, as RDS data by definition comes only from persons already receiving CI or ACT.

In an effort to improve this data, OAMHS instituted the following quality improvement efforts.

- OAMHS reviews the reported unmet resource needs for community integration services quarterly and identifies the individuals (by agency) with the reported unmet CI needs.
- Each agency's list is forwarded to the agency with the request that the agency, at the next ISP review and continued stay review with APS Healthcare, review the CI need in the RDS section of the continued stay review and update, change or mark the unmet need as 'no longer needed'.
- Instructions are given to check CI as a resource need only when the individual is on a waiting list (has been referred) for community integration services.
- Quality Management Field Specialists have spoken with all providers whose reports indicated there were Community Integration Unmet Resource Needs. If these Unmet Needs were in error, QM Field Specialists asked them to check the box "No Longer Needed" in APS Healthcare's CareConnections at the next review period. QM Field Specialists will follow up to see that the corrections have been made. The QM Specialists receive an updated list monthly that they review with agencies on an ongoing basis. If improvement is not seen, OAMHS program service managers, who monitor contracts, will be notified to initiate contract compliance efforts.

OAMHS also uses the Contact for Service Notification data from APS Healthcare in order to gain a more accurate picture of the need for community integration and ACT.

Instructions for completing the RDS are available on the APS Healthcare website at: http://www.qualitycareforme.com/MaineProvider_ProviderManual.htm. The instructions will be revised as needed.

Unmet Needs for Housing Resources

The number of unmet resource needs in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category of 680 in Q4 FY11 was essentially the same as the prior quarter's 674. This continues an increase over the previous 4 quarters which ranged between 580 and 597. Unmet resource needs listed for rent subsidies, Section 8, BRAP and Shelter Plus Care continue to be listed within the 'other' domain categories, all of which should have been listed in the rent subsidy (Section 8, BRAP, Shelter Plus Care) category. As in prior quarters, over 20% of the unmet housing resource needs are reported in the category of 'other'

The BRAP wait list report shows the number waiting for BRAP at 127 persons, down 137 persons from last quarter (264 persons). The additional OAMHS allocation for FY' 13 of \$995,000 was made available on August 23rd, 2011.